

Substitute for form 1449A/B/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)			<b>Complete If Known</b>		
			Application Number	10/010,942	
			Filing Date	December 6, 2001	
			First Named Inventor	Basi, Gurig	
			Art Unit	1647	
			Examiner Name	Christopher J. Nichols	
Sheet	5	of	21	Attorney Docket Number	ELN-002

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Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
KAB	373	5,721,130	02-24-1998	Seubert, et al.	
	378	2002/0088847 A1	07-04-2002	Chain	
	377	2002/0168377 A1	11-14-2002	Schaetzl	
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Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Country Code <sup>2</sup> -Number <sup>3</sup> -Kind Code <sup>4</sup> (if known)			

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NON PATENT LITERATURE DOCUMENTS				
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		T <sup>2</sup>
KAB	371	Johnstone, et al. "Nuclear and Cytoplasmic Localization of the $\beta$ -Amyloid Peptide (1-43) in Transfected 293 Cells." <i>Biochemical and Biophysical Research Communications</i> . 1996; 220:710-18.		
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KAB	375	Tsuzuki, et al. "Amyloid $\beta$ protein in rat soleus in choroquine-induced myopathy using end-specific antibodies for A $\beta$ 40 and A $\beta$ 42: Immunohistochemical evidence for amyloid $\beta$ protein." <i>Neuroscience Letters</i> . 1995; 2002:77-80.		

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature	Date Considered
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